

WASHINGTON STATE LIBRARY

PO BOX 42460 • OLYMPIA, WA 98504-2460

APPLICATION FOR LIBRARIAN'S CERTIFICATE

Please type or print clearly

NAME

Last Name

First Name

Middle Name

MAILING ADDRESS

Street

City

State

Zip Code

PHONE NUMBER () _____

SOCIAL SECURITY NO. _____

EMAIL ADDRESS _____

BIRTH DATE _____

PLACE OF BIRTH _____

Do you have an MLS degree from an accredited Institution?

If you answer no to this question contact the Washington State Library for further instructions.

No _____ Yes _____ Date Awarded _____

Name of Institution that Awarded MLS Degree: _____

Address: _____

Library Dean: _____

Your name at the time MLS Degree was awarded: _____

Name you want printed on your certificate: _____

I certify that the above information is true and complete to the best of my knowledge and hereby give permission to release information about my academic record to the Washington State Library for purposes of degree verification.

Signature

Date

Please mail your application form and a \$20 check, made payable to the Washington State Library, Attn: Certification Program • Washington State Library • PO Box 42460 • Olympia, WA 98504

For Department Use Only - Do Not Write Below This Line	
Date Received	Certification No.
Remittance Rcvd	Date Issued
Degree Verification	Authorized Initials

For more information, please contact Elizabeth laukea, Library Training Coordinator,
Washington State Library, 360.570.5571, eiaukea@secstate.wa.gov